Medication Incident Report

Student Information

Student name		Student ID
Date of birth	Age	Weight
School	Grade/Class	Teacher

Incident

Date of Incident	Time of Incident	Reported by (name and title)

Type of Incident (☑ Check if applicable)

❑ Unable to locate student	❑ Incorrect route	❑ Medication outdated
❑ Student refused medication	❑ Incorrect transcription	❑ Medication bottle mislabeled
❑ Incorrect student	❑ Incorrect technique	❑ Omitted dose(s)
❑ Incorrect time	❑ Medication wasted	❑ Possible adverse reaction
❑ Incorrect dose	❑ Medication not available	❑ Other_____

Description of incident above

Contacted

☑ Check if applicable	Time	By Whom
❑ Healthcare provider		
❑ School nurse or RN		
❑ Parent/guardian		
❑ School administrator		
❑ Unable to contact parent/guardian		
❑ 911		
❑ Poison Control (800-222-1222)		

Student Outcome (☑ Check if applicable)

❑ Return to class	❑ Sent home with parent/guardian
❑ Refer to physician's office	❑ Refer to Urgent Care
❑ Admitted to hospital	❑ Refer to Emergency Department
❑ 911 called	❑ School days missed _____
❑ Other _____	

Signature

Form completed by	Title	Date
School nurse	Title	Date
School administrator/principal	Title	Date

❑ File per district policy